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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	June 29, 2005
First Named Inventor	Mark Tawa
Title	Pharmaceutical Compositions...
Art Unit	
Examiner Name	
Attorney Docket Number	TPIP017D/WO US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number:

34846

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

OR

 Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Mark Tawa</i>	Date	6/24/05
Name	Mark Tawa	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of 7 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Address

City

State

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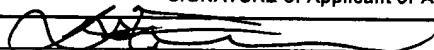
Telephone

Email

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature



Date 6/24/05

Name

Julius Remenar

Telephone

Title and Company

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OR

 The address associated with Customer Number:

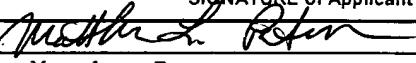
OR

 Firm or Individual Name

Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date 24 June 2005
Name	Matthew Peterson	Telephone
Title and Company		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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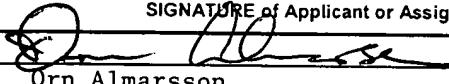
Address			
City	State	Zip	
Country			
Telephone	Email		

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date 28 June 05
Name	Orn Almarsson	Telephone
Title and Company		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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Application Number	
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Title	Pharmaceutical Compositions...
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Examiner Name	
Attorney Docket Number	TPIP017D/WO US

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 Practitioners associated with the Customer Number:

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Individual Name

Address

City

State

Zip

Country

Telephone

Email

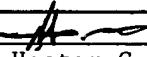
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date 6/27/05
Name	Hector Guzman	Telephone 617-375-7488
Title and Company	Sr. Scientist, Transform Pharmaceuticals	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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First Named Inventor	Mark Tawa
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Art Unit	
Examiner Name	
Attorney Docket Number	TPIP017D/WO US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number: 34846

OR

Practitioner(s) named below:

Name	Registration Number

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OR

The address associated with Customer Number: _____

OR

Firm or
Individual Name _____

Address _____

City _____

State _____

Zip _____

Country _____

Telephone _____

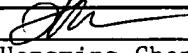
Email _____

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date 6/27/05
Name	Hongming Chen	Telephone 781-674-7803
Title and Company		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	6/29/05
Name	Mark Oliveira	Telephone	301-274-7481
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	TPIP017D/WO US
First Named Inventor	Mark Tawa
COMPLETE IF KNOWN	
Application Number	
Filing Date	June 29, 2005
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PHARMACEUTICAL COMPOSITIONS WITH IMPROVED DISSOLUTION

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> The address associated with Customer Number:		34846	OR <input type="checkbox"/> Correspondence address below
Name			
Address			
City		State	ZIP
Country		Telephone	Email
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Mark		Family Name or Surname Tawa	
Inventor's Signature <i>Mark Tawa</i>			Date 6/24/05
Residence: City West Roxbury	State MA	Country USA	Citizenship US
Mailing Address 16 Carol Circle			
City West Roxbury	State MA	Zip 02132	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Julius		Family Name or Surname Remenar	
Inventor's Signature			Date
Residence: City Framingham	State MA	Country USA	Citizenship US
Mailing Address 9 Eaton Road			
City Framingham	State MA	Zip 01701	Country USA
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>26</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> The address associated with Customer Number:	34846	OR <input type="checkbox"/> Correspondence address below
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Address				
City		State		ZIP
Country		Telephone		Email
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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname	
Mark			Tawa	
Inventor's Signature				Date
Residence: City West Roxbury	State MA	Country USA	Citizenship US	
Mailing Address 16 Carol Circle				
City West Roxbury	State MA	Zip 02132	Country USA	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Julius			Family Name or Surname Remenar	
Inventor's Signature				Date 6/24/05
Residence: City Framingham	State MA	Country USA	Citizenship US	
Mailing Address 9 Eaton Road				
City Framingham	State MA	Zip 01701	Country USA	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the  supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet
Page <u>4</u> of <u>8</u>		

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Matthew		Peterson	
Inventor's Signature 		Date 24-JUNE-2005	
Hopkinton Residence: City	MA State	USA Country	US Citizenship
25 Downey Street Mailing Address			
Hopkinton City	MA State	01748 Zip	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Orn		Almarsson	
Inventor's Signature		Date	
Shrewsbury Residence: City	MA State	USA Country	Iceland Citizenship
22 Farmington Drive Mailing Address			
Shrewsbury City	MA State	01545 Zip	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Hector		Guzman	
Inventor's Signature		Date	
Jamaica Plain Residence: City	MA State	USA Country	US Citizenship
47 Wyman Street Mailing Address			
Jamaica Plain City	MA State	02130 Zip	USA Country

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental SheetPage 5 of 8

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Matthew		Peterson	
Inventor's Signature		Date	
Hopkinton Residence: City	MA State	USA Country	US Citizenship
25 Downey Street Mailing Address			
Hopkinton City	MA State	01748 Zip	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Orn 		Almarsson	
Inventor's Signature			Date <u>28 June 05</u>
Shrewsbury Residence: City	MA State	USA Country	Iceland Citizenship
22 Farmington Drive Mailing Address			
Shrewsbury City	MA State	01545 Zip	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Hector		Guzman	
Inventor's Signature			Date
Jamaica Plain Residence: City	MA State	USA Country	US Citizenship
47 Wyman Street Mailing Address			
Jamaica Plain City	MA State	02130 Zip	USA Country

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ADDITIONAL INVENTOR(S)
Supplemental SheetPage 6 of 8

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Matthew		Peterson	
Inventor's Signature		Date	
Hopkinton Residence: City	MA State	USA Country	US Citizenship
25 Downey Street Mailing Address			
Hopkinton City	MA State	01748 Zip	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Orn		Almarsson	
Inventor's Signature		Date	
Shrewsbury Residence: City	MA State	USA Country	Iceland Citizenship
22 Farmington Drive Mailing Address			
Shrewsbury City	MA State	01545 Zip	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Hector		Guzman	
Inventor's Signature		6/27/05 Date	
Jamaica Plain Residence: City	MA State	USA Country	US Citizenship
47 Wyman Street Mailing Address			
Jamaica Plain City	MA State	02130 Zip	USA Country

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet
Page <u>7</u> of <u>8</u>		

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Hongming		Chen	
Inventor's Signature 		Date 6/27/05	
Acton Residence: City	MA State	USA Country	US Citizenship
8 Sawmill Road			
Mailing Address			
Acton City	MA State	01720 Zip	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Mark		Oliveira	
Inventor's Signature		Date	
Framingham Residence: City	MA State	USA Country	US Citizenship
67 Nicholas Road, Apt. J			
Mailing Address			
Framingham City	MA State	01702 Zip	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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ADDITIONAL INVENTOR(S)
Supplemental SheetPage 8 of 8

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Hongming		Chen	
Inventor's Signature		Date	
Acton Residence: City	MA State	USA Country	US Citizenship
8 Sawmill Road			
Mailing Address			
Acton City	MA State	01720 Zip	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Mark		Oliveira	
Inventor's Signature 		Date <u>6/29/05</u>	
Framingham Residence: City	MA State	USA Country	US Citizenship
69 NO 67 Nicholas Road, Apt. J			
Mailing Address			
Framingham City	MA State	01702 Zip	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
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